

State/Territory: New Mexico

Agency*	Citation(s)	Groups Covered
IV-A		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.217	<u>X</u> 4.	A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

STATE <u>New Mexico</u>	A
DATE REC'D <u>2-16-92</u>	
DATE APPV'D <u>2-26-92</u>	
DATE EFF <u>1-1-92</u>	
HCFA 179 <u>92-01</u>	

\*Agency that determines eligibility for coverage.

TN No. 92-01 Approval Date 2/26/92 Effective Date 1/1/92  
Superseded  
TN No. 91-19 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 11a  
OMB NO.: 0938-

State: NEW MEXICO

Agency\* Citation(s) Groups Covered

**B. Optional Groups Other Than the Medically Needy**  
(Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☒ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

☐ Aged  
☐ Blind  
☐ Disabled  
☐ Individuals under the age of--  
☐ 21  
☐ 20  
☐ 19  
☐ 18  
☐ Caretaker relatives  
☐ Pregnant women

\*Agency that determines eligibility for coverage.

TN No. 91-19 Approval Date JAN 15 1992 Effective Date OCT 1 1991  
Supersedes  
TN No. 87-2 *page 11 item 5* HCFA ID: 7983E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	

AUGUST 1991

State: NEW MEXICO

Agency\* -Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.220

☒

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

☒

The State covers all individuals as described above.

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

☒

The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21  
— 20  
— 19  
— 18

— Caretaker relatives  
— Pregnant women

7. ☒ a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

— 20  
— 19  
— 18

42 CFR 435.222  
1902(a)(10)  
(A)(ii) and  
1905(a)(i) of  
the Act

TN No.

Superseded

TN No.

Approval Date

MAR 10 1992

Effective Date

JAN 01 1992

HCFA ID: 7983E

STATE	NEW MEXICO	A
DATE REC'D	FEB 18 1992	
DATE APPV'D	MAR 10 1992	
DATE EFF	JAN 01 1992	
HCFA 179	92-02	

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A  
Page 13  
OMB NO.: 0938-

State: NEW MEXICO

Agency*	Citation(s)	Groups Covered
Social Services and IV-A		
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
42 CFR 435.222	<input checked="" type="checkbox"/> b.	Reasonable classifications of individuals described in (a) above, as follows:
	<input checked="" type="checkbox"/> (1)	Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
	<input checked="" type="checkbox"/> (a)	In foster homes (and are under the age of <u>18</u> ).
	<input checked="" type="checkbox"/> (b)	In private institutions (and are under the age of <u>18</u> ).
	<input type="checkbox"/> (c)	In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
	<input type="checkbox"/> (2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
	<input type="checkbox"/> (3)	Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
	<input type="checkbox"/> (4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

TN No. 91-19  
Supersedes  
TN No. 87-02

Approval Date JAN 15 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

87-03 page 12 Item 7(b)(1)  
87-03 page 13 Item 7(b)(1)(a)

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	

Revision: New Mexico  
June, 1993

(BPD)

ATTACHMENT 2.2-A  
Page 13a

State: NEW MEXICO

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

— (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

\*CYFD

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. B-13

Superseded 91-19

TN No. 91-19

Approval Date 01/04/95

Effective Date 08/01/94

HCFA ID: 7983E

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>07-01-93</u>	
DATE APP'VD	<u>01-04-95</u>	
DATE EFF	<u>08-01-94</u>	
HCFA 179	<u>93-13</u>	

State: NEW MEXICO

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

☒

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

☐ 21  
☐ 20  
☐ 19  
☐ 18

TN No. 91-19  
Supersedes 87-3  
Approval Date JAN 15 1992  
Effective Date OCT 1 1991  
HCFA ID: 7983E  
*page 4 Item 8*

STATE	<u>New Mexico</u>
DATE REC'D	<u>DEC 17 1991</u>
DATE APPV'D	<u>JAN 15 1992</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA 179	<u>91-19</u>

A

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 14a  
OMB No.: 0938-

State: NEW MEXICO

Agency\* Citation (s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.223 ✓

9. Individuals described below who would be eligible  
for AFDC if coverage under the State's AFDC plan  
were as broad as allowed under title IV-A:

1902(a)(10)  
(A)(ii) and  
1905(a) of  
the Act

Individuals under the age of--

21  
20  
19  
18

Caretaker relatives  
Pregnant women

TN No. 91-19 Approval Date JAN 15 1992 Effective Date OCT 1 1991  
Supersedes  
TN No. 87-3 page 14 Item 9 HCFA ID: 7983E  
87-3 page 15 Paragraph 1

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>DEC 17 1991</u>	
DATE APPV'D	<u>JAN 15 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-19</u>	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 15  
OMB NO.: 0938-

State: NEW MEXICO

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230 10. States using SSI criteria with agreements under  
sections 1616 and 1634 of the Act.

435.120

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
  - (1) All aged individuals.
  - (2) All blind individuals.
  - (3) All disabled individuals.

TN No. 91-19  
Supersedes  
TN No. 87-3  
Approval Date JAN 15 1992  
Effective Date OCT 1 1991  
*page 15 items 10-10(d)(3)* HCFA ID: 7983E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991  
State: NEW MEXICO

ATTACHMENT 2.2-A  
Page 16  
OMB NO.: 0938-

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

- 42 CFR 435.230
- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
  - (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
  - (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
  - (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
  - (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
  - (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 91-19  
Supersedes  
TN No. 87-3  
87-3  
Approval Date JAN 15 1992  
page 15 Item 10 & 4  
page 46 Items 5-9  
Effective Date OCT 1 1991  
HCFA ID: 7983E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 1 1991</u>	
HCFA 179 <u>91-19</u>	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 16a  
OMB NO.: 0938-

State: NEW MEXICO

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

     Yes.

     No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. <u>91-19</u>	JAN 15 1992	OCT 1 1991
Supersedes	Approval Date	Effective Date
TN No. <u>87-3</u>	<u>page 14 last 2 paragraphs</u>	HCFA ID: 7983E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	